

10 July 1970

Notes Concerning Ervin Bill (S.782)


1. If the bill passes in its present form, it appears that our present PHS (Tab A) will require revision. Questions arise particularly concerning Sections XXII, XXIII and XXIV. We suggest adoption of the attached form, "Applicant Qualifications Statement" (Tab B), to obtain from applicants the qualifications data we need for preliminary employment consideration. If the qualifications presented result in mutual employment interest, we then can ask for the additional data required for security clearance purposes.

2. Personal History Statement Appendix I (Tab C). We believe this will have to be omitted.

3. Applicant Information Sheet No. 2 (Tab D). Reference to polygraph interview in paragraph 1 probably should be deleted.

4. Instruction Sheet - for completing PHS (Tab E). Omit paragraph 3, reference to PHS Appendix I; and paragraph 5, requesting photos.

5. Military Status Questionnaire, Form 536 (Tab F). Probably will have to be omitted.


Deputy Director of Personnel
for
Recruitment and Placement

STAT

Attachments

Tab A

PERSONAL HISTORY STATEMENT

INSTRUCTIONS

—DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS—

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully—USE BLACK TYPEWRITER RIBBON OR BLACK INK.
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

SECTION I GENERAL PERSONAL AND PHYSICAL DATA

1. Full Name (Last-first-middle)		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Social security number	
5. Nicknames		6. Other names you have used			
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above					
8. If legal change of name, give particulars (Where and by what authority)					
9. Height	10. Weight	11. Color of eyes	12. Color of hair	14. Build	
13. Scars (Type and location)		16. Other distinguishing physical features			
17. Current address (No., Street, City, State & ZIP code—country if not U.S.)			18. Current phone number		19. Long distance area code
20. Permanent address (No., Street, City, State & ZIP code—country if not U.S.)			21. Permanent phone number		22. Long distance area code
23. Office phone number		24. Office extension	25. Legal residence (State, territory or country)		

SECTION II POSITION DATA

1. Indicate the type of work or position for which you are applying			
2. Indicate the lowest annual entrance salary you will accept \$ _____		3. Dates available for employment Earliest: _____ Latest: _____	
4. Indicate your willingness to travel		5. Indicate your willingness to accept assignment in the following locations—check (X) each item applicable	
Occasionally	Other (Specify): _____	Washington, D.C.	Outside continental U.S.
Frequently		Anywhere in U.S.	Certain locations only (Specify): _____
Constantly			
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area			
(For Office Use Only)			Date of this application

THIS SHEET MUST BE COMPLETED

Section III
 NO RACE OR RELIGION line

SECTION III

CITIZENSHIP

CITIZENSHIP

1. Date of birth	2. Place of birth (City, State, Country)	3. Present citizenship (Country)
4. Citizenship acquired by: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):	5. Date naturalized	6. Naturalization certificate number
7. Court issuing naturalization certificate	8. Issued at (City, State, Country)	
9. If alien, give alien registration number	10. Date and place of arrival in U.S.	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. If yes, give name of country	
13. Give particulars concerning previous nationalities		
14. Last U.S. visa (Number, type, place of issue)		15. Date visa issued

SECTION IV

EDUCATION

ELEMENTARY SCHOOL

1. Name of elementary school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	--------------------------------	------------------------------	---

HIGH SCHOOLS

1. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE OR UNIVERSITY STUDY

Name and location of college or university	Subject		Years attended From — to —	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							

4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
4.				

BN4

EDUCATION (Continued)**MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.**

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				

Other education or training not indicated above

SECTION V**FOREIGN LANGUAGE ABILITIES**

1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.

If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.

If you have no proficiency in any foreign language, check (X) box at right and leave other items blank. ☐

Level of Skill
(Slight) 1 2 3 4 5 (Native)
0 = No proficiency in a specific skill factor

SKILL FACTORS**HOW ACQUIRED**
[Check (X) Box(es) which apply]

Reading comprehension	Writing ability	Pronunciation	Conversational ability	Oral comprehension	Native of country	Prolonged residence	Contact (with parents, etc.)	Academic study

2. If you have had experience as a translator, interpreter or instructor—explain and specify in which language(s) you have had such experience.

3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.

4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected? ☐ Yes ☐ No

(For Office Use Only)

THIS SHEET MUST BE COMPLETED

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc.

1. Name of Region or Country	Type of Specialized Knowledge	Dates of Travel or Residence	Dates & Place of Study	Knowledge acquired by — Check (X)			
				Residence	Travel	Study	Work Assignment

2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above

3. United States Passport Number & Expiration Date, If issued —————→

SECTION VII TYPING AND STENOGRAPHIC SKILLS

1. Typing (WPM) 2. Shorthand (WPM) 3. Indicate shorthand system used — check (X) appropriate item:
☐ Gregg ☐ Speedwriting ☐ Stenotype ☐ Other — Specify: _____
4. Indicate other business machines with which you have had operating experience or training (comptometer, mimeograph, card punch, etc.)

SECTION VIII SPECIAL QUALIFICATIONS

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each.
2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work.
3. Excluding business equipment or machines which you may have listed in item 4, section VII, list any special skills you possess relating to other equipment and machines such as operation of radio transmitters (indicate CW speed, sending & receiving), offset press, turret lathe, EDP and other scientific & professional devices.
4. Are you now or have you ever been a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, medical technician, psychologist, physician, etc.? ☐ Yes
☐ No
5. If you have answered "Yes" to item 4 above, indicate kind of license or certification and the issuing State, municipality, etc. (Provide license registry number, if known)
6. First License/Certificate (year of issue)
7. Latest License/Certificate (year of issue)
8. List any significant published materials of which you are the author (do NOT submit copies unless requested). Indicate the title, publication date, and type of writing (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)
9. Indicate any devices which you have invented and state whether or not they are patented.
10. List public speaking and public relations experience.
11. List any honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.

SECTION IX		MILITARY SERVICE				
CURRENT DRAFT STATUS						
1. Are you registered for the Draft under the Universal Military Training & Service Act, as amended?		2. Selective Service classification		3. If deferred, give reason		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
4. Local Selective Service Board Number and Address						
MILITARY SERVICE RECORD						
Complete the following items for current and/or past active duty military service with the Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organization. For foreign military organization, specify both nationality and organization in item 1 below.						
1. Military organization (Army, Navy, etc.—specify)		2. Branch or Corps		3. Dates of service (extended active duty)		
				From — To —		
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)			
8. Brief description of military duties (record the duties and skills which best describe your work or function in the military service)						
(1)						
1. Military organization (Army, Navy, etc.—specify)		2. Branch or Corps		3. Dates of service (extended active duty)		
				From — To —		
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)			
8. Brief description of military duties						
(2)						
Types of separation from active duty—record applicable number in item(s) 7 above		1—Honorable discharge 2—Release to inactive duty 3—Retirement for age 4—Retirement for service 5—Retirement for combat disability 6—Retirement for physical disability 7—Undue hardships —Other—specify in item 7 in lieu of number				
MILITARY RESERVE, NATIONAL GUARD & R.O.T.C. STATUS						
Complete the following items if (1) you now have reserve status, (2) you are a member of the National Guard or Air National Guard, or (3) you are a member of the ROTC.						
Check (X) Reserve, Guard or ROTC organization to which you belong		Army	Marine Corps	National Guard	Coast Guard	Navy ROTC
		Navy	Air Force	Air Nat'l Guard	Army ROTC	Air Force ROTC
1. Current rank, grade or rate		2. Date of appointment in current rank		3. Expiration date of current reserve obligation		
4. Check (X) current reserve category <input type="checkbox"/> Ready Reserve <input type="checkbox"/> Standby (active) <input type="checkbox"/> Standby (inactive) <input type="checkbox"/> Retired						
5. Brief description of military reserve duties (record the duties and skills which best describe your work or function in the military service)						
6. If you are currently assigned to a Reserve, National Guard, or ROTC Training Unit, identify the unit and its address			7. If you have a military mobilization assignment, identify the unit and its address			

— 5 —

THIS SHEET MUST BE COMPLETED

BNM

SECTION X

EMPLOYMENT HISTORY

NOTE: LIST LAST POSITION FIRST. Indicate chronological history of employment for past 15-years, starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 10, "description of duties", consider your experience carefully and provide meaningful, objective statements.

(1)	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency	
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
10. Description of duties			
11. Reasons for leaving			
(2)	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency	
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
10. Description of duties			
11. Reasons for leaving			
(3)	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency	
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
10. Description of duties			
11. Reasons for leaving			
(4)	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency	
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service

EMPLOYMENT HISTORY (Continued)

(4)	10. Description of duties		
	11. Reasons for leaving		
(5)	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency	
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
	10. Description of duties		
	11. Reasons for leaving		
(6)	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency	
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
	10. Description of duties		
	11. Reasons for leaving		
(7)	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency	
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3	
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
	10. Description of duties		
	11. Reasons for leaving		
If prior service with the Federal Government is noted above, indicate the number of years creditable toward U.S. Civil Service Retirement, if known. —————→			
(For Office Use Only)			

— 7 —

THIS SHEET MUST BE COMPLETED

BN9

SECTION XI

MARITAL STATUS

MARITAL STATUS

1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify →			
2. State date, place, and reason for all separation, divorces or annulments			
Wife, husband or fiancé(e)		If you have been married more than once (including annulments) use separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé(e).	
3. Name of spouse	(Last)	(First)	(Middle) (Maiden)
4. State any other names ever used by spouse			
Indicate circumstances (including length of time) under which any names noted in item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
5. Date of birth	6. Place of birth (City, State, Country)		7. Date of marriage
8. Place of marriage (City, State, Country)			9. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Citizenship	11. Former citizenship(s) [country(ies)]		12. If alien, give alien registration number
13. Date U.S. citizenship acquired	14. Where acquired	15. Date and place of arrival in U.S.	16. Naturalization certificate number
17. Date of death	18. Cause of death		
19. Current address (Give last address, if deceased)		20. Address of spouse before marriage	
21. Occupation		22. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers)	
23. Employer's or business address (Number, Street, City, State, Country)			
24. Dates of military service (From -- to -- by month & year)		25. Branch of military service	26. Country with which military service affiliated
27. Details of other government service, U.S. or foreign			

SECTION XII

CHILDREN AND OTHER DEPENDENTS

DEPENDENTS

1. Provide the following information for all children and dependents:				
Name	Relationship	Date & Place of Birth	Citizenship	Address
2. No. of children (include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting. ▶		3. No. of other dependents (e.g., spouse, parents, stepparents, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting. ▶		

SECTION XIII**FATHER** (Give same information for stepfather and/or guardian on a separate sheet)

1. Full name (Last—First—Middle)		
2. State other names he has used		
Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth (City, State, Country)	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if father deceased or unemployed)	
18. Employer's business address or father's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

SECTION XIV**MOTHER** (Give same information for stepmother on a separate sheet)

1. Full name (Last—First—Middle—Maiden)		
2. State other names she has used		
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if mother deceased or unemployed)	
18. Employer's business address or mother's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

— 9 —

THIS SHEET MUST BE COMPLETEDBN₁₁

SECTION XV**BROTHERS AND SISTERS** (Including half-, step-, and adopted brothers and sisters)

BROTHERS AND SISTERS	(1)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
		4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
		7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
	(2)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
		4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
		7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
BROTHERS AND SISTERS	(3)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
		4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
		7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
	(4)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
		4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
		7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
BROTHERS AND SISTERS	(5)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
		4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
		7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
	(6)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
		4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
		7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)

SECTION XVI**FATHER-IN-LAW** (If marriage contemplated, fill in information for future father-in-law)

FATHER-IN-LAW	1. Full name (Last—First—Middle)		
	2. State other names he has used		
	Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
	3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Date of death	7. Cause of death	8. Citizenship (Country)
	9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired
	11. Where acquired (City, State, Country)		
	12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
	15. Occupation	16. Present employer (Give last employer if father-in-law deceased or unemployed)	
	17. Current address (Give last address, if deceased)		
(For Office Use Only)			

BN-12

SECTION XVII**MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother-in-law)

1. Full name (Last—First—Middle—Maiden)			
2. State other names she has used			
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Occupation		16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)			

SECTION XVIII**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD,
(2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

RELATIVES WITH FOREIGN CONNECTIONS	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		

SECTION XIX**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL
SERVICE OF THE UNITED STATES**

RELATIVES IN THE SERVICE OF THE UNITED STATES	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		

(For Office Use Only)

— 11 —

THIS SHEET MUST BE COMPLETED

BN13

ACTUAL PLACES OF RESIDENCE FOR THE PAST 15 YEARS

Include addresses while at school and in military service. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city, state, and country.

[illegible]

REFERENCES

1. List five character references (not relatives) in the U.S. who know you well

1. List five character references (not relatives) in the U.S. who know you well.				
Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

2. List five persons in the U.S. who know you socially (not relatives, supervisors or employers). If you have resided overseas at any time during the past 15 years, two of the persons listed (if possible) should be individuals who knew you overseas.

Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

SECTION XXII

CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country).

Name and chapter	Address (Number, Street, City, State, Country)	Date of membership	
		(From)	(To)

SECTION XXIII

FINANCIAL STATUS

1. Are you entirely dependent on your salary? ☐ Yes ☐ No

2. If your answer is "NO" to the above, state sources of other income

3. Credit references (banking institutions, charge accounts, etc.)

Name of institution	Address (City, State, Country)

4. Have you ever been in, or petitioned for, bankruptcy? ☐ Yes ☐ No

5. If your answer is "YES" to the above, give particulars, including court and date(s)

6. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military or naval service?
☐ Yes ☐ No

7. If your answer is "YES" to the above question, give complete details

8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign interests? ☐ Yes ☐ No (If answer is "YES", furnish details in space below—Continue on separate sheet, if necessary)

SECTION XXIV

PERSONAL DECLARATIONS

1. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? ☐ Yes ☐ No

2. If you have answered "YES" to the question above, explain.

— 13 —

THIS SHEET MUST BE COMPLETED

PERSONAL DECLARATIONS (Continued)

3. Do you use or have you ever used intoxicants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. If so, to what extent?
5. Do you use or have you ever used narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. If so, state form(s) of drugs taken, how administered, dates and places, to what extent, and under what circumstances.
7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes," give complete details: <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. List the names of Government departments, agencies or offices to which you have applied for employment.		
9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.		
Note Special Instructions	If your answer is "Yes" to the following questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.	
10. Have you ever been convicted in the U. S. or abroad of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date, nature of offense, and disposition of case in accordance with special instructions above.		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above.		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above.		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever been dismissed or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you left a position under circumstances which you desire to explain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. If your answer to either or both questions in Item 13 above is "Yes," give details.		

SECTION XXV**PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY**

1. Name (Last—First—Middle)	2. Relationship
3. Home address (Number, Street, City, State, ZIP Code)	4. Home telephone number
5. Business address (Number, Street, City, State, ZIP Code)—Indicate name of firm or employer, if applicable	6. Business telephone number & extension
7. In case of emergency, other close relatives (spouse, mother, father . . .) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason.	

SECTION XXVI**CERTIFICATION**

YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION
MAY BE INVESTIGATED

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. Date of signature	2. Signature of applicant
3. Signed at (City and State)	4. Signature of witness to identify applicant

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

(Signature)

Space for extra details continued on page 16 →

— 15 —

— 16 —

THIS SHEET MUST BE COMPLETED

BN 27

PERSONAL DECLARATIONS (Continued)

Space for extra details (Continued)—Reference each continued item by section and item number

(Signature)

Type or print
carefully—use black ink**PERSONAL HISTORY SUMMARY**

(For office use only)

(For office use only)

Applicant

Marital Status

Education

Employment

Residence

Military

Parent

1. Full name (Last—First—Middle)		2. Date of birth	3. Place of birth	
4. Other names used (Including maiden name) (Last—First—Middle)		5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.)		
6. Name of spouse (Last—First—Middle—Maiden)		7. Date of birth	8. Place of birth (spouse)	
9. Date & place of marriage		10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)		
11. Former spouse(s)—full name(s)		12. If divorced, date & place of divorce		
13. Complete following for high school; trade, commercial & specialized schools (Exclude military training); colleges & universities:				
Dates attended (From — To —)		Name & address of school		Major subject
14. Complete following for last three employment positions or last two years—begin with most recent or current position:				
Dates employed (From — To —)		Name & address of employer		Employer's complete business address
15. Record last three places of residence or places of residence for past two years—begin with most recent or current address:				
Dates resided (From — To —)		Complete address (Number, Street, City, State)		
(1)	16. Military service organization (Army, Navy, etc.—specify)	17. Serial number	18. Rank, grade or rate	19. Dates of service (From — To —)
(2)	20. Military service organization (Army, Navy, etc.—specify)	21. Serial number	22. Rank, grade or rate	23. Dates of service (From — To —)
24. Father's full name (Last—First—Middle)		25. Date of birth	26. Place of birth (Father)	
27. Father's current address (Number, Street, City, State)		28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.)		
29. Mother's full name (Last—First—Middle—Maiden)		30. Date of birth	31. Place of birth (Mother)	
32. Mother's current address (Number, Street, City, State)		33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)		

— 17 —

THIS SHEET MUST BE COMPLETED

Tab B

Approved For Release 2005/07/13 : CIA-RDP72-00310R00020010003-2 APPLICATION
Applicant QUALIFICATIONS STATEMENT

FULL NAME (Last-First-Middle)	DATE OF BIRTH	PLACE OF BIRTH (City, State)
CURRENT ADDRESS (including ZIP)	AREA CODE	TELEPHONE
PERMANENT ADDRESS (including ZIP)	AREA CODE	TELEPHONE

ARE YOU A CITIZEN OF THE UNITED STATES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE UNITED STATES CITIZENSHIP ACQUIRED	
TYPE OF POSITION DESIRED	LOWEST ANNUAL ENTRANCE SALARY ACCEPTABLE \$ _____	AVAILABILITY DATES EARLIEST _____ LATEST _____

WILLINGNESS TO TRAVEL		WILLINGNESS TO LOCATE	
<input type="checkbox"/> OCCASIONALLY	OTHER (specify)	<input type="checkbox"/> WASHINGTON, D. C.	<input type="checkbox"/> OUTSIDE CONTINENTAL U. S.
<input type="checkbox"/> FREQUENTLY		<input type="checkbox"/> ANYWHERE IN U. S.	<input type="checkbox"/> CERTAIN LOCATIONS ONLY (specify):
<input type="checkbox"/> CONSTANTLY			

RESTRICTIONS ON ASSIGNMENTS OUTSIDE WASHINGTON, D. C. AREA

EDUCATION

HIGH SCHOOL (Complete only if attended less than five years ago)

NAME OF HIGH SCHOOL	LOCATION	YEARS ATTENDED (From-- to--)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------	----------	------------------------------	---

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTEND (from--to--)	DEGREE RECEIVED	YEAR REC'D	GRADE OR POINT AVG.	NO. OF SEM/CTR HOURS (specify)
	MAJOR	MINOR					

IF A GRADUATE DEGREE HAS BEEN REPORTED WHICH REQUIRED A WRITTEN THESIS, INDICATE TITLE AND DESCRIBE BRIEFLY.

TRADE, COMMERCIAL, AND SPECIALIZED SCHOOLS				
Name and location of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
4.				

MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.

Name and location of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				

FOREIGN LANGUAGE ABILITIES

APPLYING THE SCALE BELOW, INDICATE YOUR PROFICIENCY IN THE FIVE SKILL FACTORS SHOWN BY NOTING THE NUMBER MOST INDICATIVE OF YOUR LEVEL OF SKILL. IF YOU CLAIM NO PROFICIENCY IN A FOREIGN LANGUAGE, LEAVE THIS ENTIRE SECTION BLANK. (Slight) 1 2 3 4 (Native) 5	SKILL FACTORS*					HOW ACQUIRED			
	Reading comprehension	Writing ability	Pronunciation	Conversational ability	Oral comprehension	Native of country	Prolonged residence	Contact (with parents, etc.)	Academic study

GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

Name of Region or Country	Type of Specialized Knowledge	Dates of Travel or Residence	Dates & Place of Study	Knowledge acquired by— Check (X)			
				Residence	Travel	Study	Work Assignment

EMPLOYMENT HISTORY

NOTE: LIST LAST POSITION FIRST. REPORT ALL POSITIONS PERTINENT TO YOUR PROFESSION OVER THE PAST TEN YEARS. DO NOT LIST CASUAL, SUMMER, OR PART-TIME POSITIONS UNLESS RELATED TO YOUR PROFESSIONAL FIELD.

EMPLOYING FIRM OR AGENCY		DATES OF EMPLOYMENT (from--to--)	SALARY OR EARNINGS \$ _____ per _____
KIND OF BUSINESS		TITLE OF POSITION	
DESCRIPTION OF DUTIES			
EMPLOYING FIRM OR AGENCY		DATES OF EMPLOYMENT (from--to--)	SALARY OR EARNINGS \$ _____ per _____
KIND OF BUSINESS		TITLE OF POSITION	
DESCRIPTION OF DUTIES			
EMPLOYING FIRM OR AGENCY		DATES OF EMPLOYMENT (from--to--)	SALARY OR EARNINGS \$ _____ per _____
KIND OF BUSINESS		TITLE OF POSITION	
DESCRIPTION OF DUTIES			

MILITARY EXPERIENCE

MILITARY ORGANIZATION	BRANCH OR CORPS	DATES OF ACTIVE SERVICE
STATUS (Regular-Reserve)	RANK, GRADE, OR RATE	TYPE OF SEPARATION

BRIEF DESCRIPTION OF MILITARY DUTIES

BN22

Approved For Release 2005/07/13 : CIA-RDP72-00310R000200100003-2
SPECIAL QUALIFICATIONS

SKILLS POSSESSED INVOLVING THE USE OF SCIENTIFIC OR TECHNICAL DEVICES OR INSTRUMENTS

TRADE OR PROFESSIONAL LICENSES OR PROFESSIONAL CERTIFICATION HELD

SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Title, Publication Date)

PROFESSIONAL ASSOCIATIONS OR SOCIETIES TO WHICH YOU BELONG

LIST ANY DEVICES YOU HAVE INVENTED AND INDICATE WHETHER OR NOT THEY ARE PATENTED

OTHER SPECIAL QUALIFICATIONS PERTINENT TO THIS APPLICATION

REFERENCES

List three persons (not relatives) who are familiar with your professional capabilities

NAME (Last-First-Middle)		M	F	BUSINESS ADDRESS	RESIDENCE ADDRESS
NAME (Last-First-Middle)		M	F	BUSINESS ADDRESS	RESIDENCE ADDRESS
NAME (Last-First-Middle)		M	F	BUSINESS ADDRESS	RESIDENCE ADDRESS
NAME (Last-First-Middle)		M	F	BUSINESS ADDRESS	RESIDENCE ADDRESS

CERTIFICATION

YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION
MAY BE INVESTIGATED

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. Date of signatures

2. Signature of applicant

3. Signed at (City and State)

4. Signature of witness to identify applicant

Approved For Release 2005/07/13 : CIA-RDP72-00310R000200100003-2

BN 23

PERSONAL HISTORY STATEMENT — (Appendix I)

Tab C

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

Abraham Lincoln Brigade
 Abraham Lincoln School, Chicago, Illinois
 Action Committee to Free Spain Now
 Alabama People's Educational Association (see Communist Political Association)
 American Association for Reconstruction in Yugoslavia, Inc.
 American Branch of the Federation of Greek Maritime Unions
 American Christian Nationalist Party
 American Committee for European Workers' Relief (see Socialist Workers Party)
 American Committee for Protection of Foreign Born
 American Committee for Spanish Freedom
 American Committee for the Settlement of Jews in Birobidjan, Inc.
 American Committee for Yugoslav Relief, Inc.
 American Committee to Survey Labor Conditions in Europe
 American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
 American Council on Soviet Relations
 American Croatian Congress
 American Jewish Labor Council
 American League Against War and Fascism
 American League for Peace and Democracy
 American National Labor Party
 American National Socialist League
 American National Socialist Party
 American Nationalist Party
 American Patriots, Inc.
 American Peace Crusade
 American Peace Mobilization
 American Poles for Peace
 American Polish Labor Council
 American Polish League
 American Rescue Ship Mission (a project of the United American Spanish Aid Committee)
 American-Russian Fraternal Society
 American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union
 American Russian Institute, Philadelphia
 American Russian Institute of San Francisco
 American Russian Institute of Southern California, Los Angeles
 American Slav Congress
 American Women for Peace
 American Youth Congress
 American Youth for Democracy
 Armenian Progressive League of America
 Associated Klans of America
 Association of Georgia Klans
 Association of German Nationals (Reichsdeutsche Vereinigung)
 Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
 Baltimore Forum
 Benjamin Davis Freedom Committee
 Black Dragon Society

Boston School for Marxist Studies, Boston, Massachusetts
 Bridges-Robertson-Schmidt Defense Committee
 Bulgarian American People's League of the United States of America
 California Emergency Defense Committee
 California Labor School, Inc., 321 Divisadero Street, San Francisco, California
 Carpatho-Russian People's Society
 Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
 Central Japanese Association (Beikoku Chuo Nipponjin Kai)
 Central Japanese Association of Southern California
 Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
 Cervantes Fraternal Society
 China Welfare Appeal, Inc.
 Chopin Cultural Center
 Citizens Committee for Harry Bridges
 Citizens Committee of the Upper West Side (New York City)
 Citizens Committee to Free Earl Browder
 Citizens Emergency Defense Conference
 Citizens Protective League
 Civil Liberties Sponsoring Committee of Pittsburgh
 Civil Rights Congress and its affiliated organizations, including:
 Civil Rights Congress for Texas
 Veterans Against Discrimination of Civil Rights Congress of New York
 Civil Rights Congress for Texas (see Civil Rights Congress)
 Columbians
 Comité Coordinador Pro Republica Espanola
 Comité Pro Derechos Civiles
 (See Puerto Rican Comité Pro Libertades Civiles)
 Committee for a Democratic Far Eastern Policy
 Committee for Constitutional and Political Freedom
 Committee for Nationalist Action
 Committee for Peace and Brotherhood Festival in Philadelphia
 Committee for the Defense of the Pittsburgh Six
 Committee for the Negro in the Arts
 Committee for the Protection of the Bill of Rights
 Committee for World Youth Friendship and Cultural Exchange
 Committee to Abolish Discrimination in Maryland
 (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland)
 Committee to Aid the Fighting South
 Committee to Defend Marie Richardson
 Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners
 Committee to Uphold the Bill of Rights
 Commonwealth College, Mena, Arkansas
 Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates

BN 24

and its subdivisions, subsidiaries, and affiliates, including:

- Alabama People's Educational Association
- Florida Press and Educational League
- Oklahoma League for Political Education
- People's Educational and Press Association of Texas
- Virginia League for People's Education
- Congress Against Discrimination
- (See Committee to Abolish Discrimination in Maryland)
- Congress of American Revolutionary Writers
- Congress of American Women
- Congress of the Unemployed
- Connecticut Committee to Aid Victims of the Smith Act
- Connecticut State Youth Conference
- Council for Jobs, Relief and Housing
- Council for Pan-American Democracy
- Council of Greek Americans
- Council on African Affairs
- Croatian Benevolent Fraternity
- Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)
- Daily Worker Press Club
- Daniels Defense Committee
- Dante Alighieri Society (between 1935 and 1940)
- Dennis Defense Committee
- Detroit Youth Assembly
- East Bay Peace Committee
- Elsinore Progressive League
- Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee)
- Everybody's Committee to Outlaw War
- Families of the Baltimore Smith Act Victims
- Families of the Smith Act Victims
- Federation of Italian War Veterans in the U. S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America)
- Finnish-American Mutual Aid Society
- Florida Press and Educational League (see Communist Political Association)
- Frederick Douglass Educational Center
- Freedom Stage, Inc.
- Friends of the New Germany (Freunde des Neuen Deutschlands)
- Friends of the Soviet Union
- Garibaldi American Fraternal Society
- George Washington Carver School, New York City
- German-American Bund (Amerikadeutscher Volksbund)
- German-American Republican League
- German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)
- Guardian Club
- Harlem Trade Union Council
- Hawaii Civil Liberties Committee
- Heimusha Kai, also known as Nokubei Heleki Gimusha Kai, Zaihei Nihonjin, Heiyaku Gimusha Kai, and Zaihei Heimusha Kai (Japanese Residing in America Military Conscripts Association)
- Hellenic-American Brotherhood
- Hinode Kai (Imperial Japanese Reservists)
- Hinomaru Kai (Rising Sun Flag Society -- a group of Japanese War Veterans)
- Hokubei Zaigo Shoke Dan (North American Reserve Officers Association)
- Hollywood Writers Mobilization for Defense
- Hungarian-American Council for Democracy
- Hungarian Brotherhood
- Idaho Pension Union
- Independent Party (Seattle, Washington)
- (See Independent People's Party)

Independent People's Party

(See Independent Party)

Industrial Workers of the World

International Labor Defense

International Workers Order, its subdivisions, subsidiaries and affiliates

Japanese Association of America

Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)

Japanese Overseas Convention, Tokyo, Japan, 1940

Japanese Protective Association (Recruiting Organization)

Jefferson School of Social Science, New York City

Jewish Culture Society

Jewish People's Committee

Jewish People's Fraternal Order

Jikyoku Inkai (The Committee for the Crisis)

Johnson-Forest Group

(See Johnsonites)

Johnsonites

(See Johnson-Forest Group)

Joint Anti-Fascist Refugee Committee

Joint Council of Progressive Italian-Americans, Inc.

Joseph Wedemeyer School of Social Science, St. Louis, Missouri

Kibel Seinen Kai (Association of U. S. Citizens of Japanese Ancestry who have returned to America after studying in Japan)

Knights of the White Camellia

Ku Klux Klan

Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser Kameradschaft)

Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)

Labor Council for Negro Rights

Labor Research Association, Inc.

Labor Youth League

League for Common Sense

League of American Writers

Lictor Society (Italian Black Shirts)

Macedonian-American People's League

Mario Morgantini Circle

Maritime Labor Committee to Defend Al Lannon

Maryland Congress Against Discrimination

(See Committee to Abolish Discrimination in Maryland)

Massachusetts Committee for the Bill of Rights

Massachusetts Minute Women for Peace (not connected with the Minute Women of the U. S. A., Inc.)

Maurice Braverman Defense Committee

Michigan Civil Rights Federation

Michigan Council for Peace

Michigan School of Social Science

Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterans)

National Association of Mexican Americans (also known as Asocacion Nacional Mexico-Americana)

National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942)

National Committee for Freedom of the Press

National Committee for the Defense of Political Prisoners

National Committee to Win Amnesty for Smith Act Victims

National Committee to Win the Peace

National Conference on American Policy in China and the Far East (a Conference called by the Committee for a Democratic Far Eastern Policy)

National Council of Americans of Croatian Descent

National Council of American-Soviet Friendship

National Federation for Constitutional Liberties

National Labor Conference for Peace

National Negro Congress

National Negro Labor Council

Nationalist Action League

BN 25

Nationalist Party of Puerto Rico
Nature Friends of America (since 1935)
Negro Labor Victory Committee
New Committee for Publications
Nichibei Kogyo Kaisha (The Great Fujii Theatre)
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
North Philadelphia Forum
Northwest Japanese Association

Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Oklahoma League for Political Education (see Communist Political Association)
Original Southern Klans, Incorporated

Pacific Northwest Labor School, Seattle, Washington
Palo Alto Peace Club
Partido del Pueblo of Panama (operating in the Canal Zone)
Peace Information Center
Peace Movement of Ethiopia
People's Drama, Inc.
People's Educational and Press Association of Texas (see Communist Political Association)
People's Educational Association (Incorporated under name Los Angeles Educational Association, Inc.), also known as People's Educational Center, People's University, People's School
People's Institute of Applied Religion
Peoples Programs (Seattle, Washington)
People's Radio Foundation, Inc.
People's Rights Party
Philadelphia Labor Committee for Negro Rights
Philadelphia School of Social Science and Art
Photo League (New York City)
Pittsburgh Arts Club
Political Prisoners' Welfare Committee
Polonia Society of the IWO
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Protestant War Veterans of the United States, Inc.
Provisional Committee of Citizens for Peace, Southwest Area
Provisional Committee on Latin American Affairs
Provisional Committee to Abolish Discrimination in the State of Maryland
(See Committee to Abolish Discrimination in Maryland)
Puerto Rican Comité Pro Libertades Civiles (CLO)
(See Comité Pro Derechos Civiles)
Puertorriquenos Unidos (Puerto Ricans United)

Quad City Committee for Peace
Queensbridge Tenants League

Revolutionary Workers League
Romanian-American Fraternal Society
Russian American Society, Inc.

Sakura Kai (Patriotic Society, or Cherry Association — composed of veterans of Russo-Japanese War)
Samuel Adams School, Boston, Massachusetts

Santa Barbara Peace Forum
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Washington
Serbian-American Fraternal Society
Serbian Vidovdan Council
Shinto Temples (limited to State Shinto abolished in 1945)
Silver Shirt Legion of America
Slavic Council of Southern California
Slovak Workers Society
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Sokoku Kai (Fatherland Society)
Southern Negro Youth Congress
Sulko Sha (Reserve Officers Association, Los Angeles)
Syracuse Women for Peace

Tom Paine School of Social Science, Philadelphia, Pennsylvania
Tom Paine School of Westchester, New York
Trade Union Committee for Peace
(See Trade Unionists for Peace)
Trade Unionists for Peace
(See Trade Unionists for Peace)
Tri-State Negro Trade Union Council

Ukrainian-American Fraternal Union
Union of American Croats
Union of New York Veterans
United American Spanish Aid Committee
United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations
United Committee of South Slavic Americans
United Defense Council of Southern California
United Harlem Tenants and Consumers Organization
United May Day Committee
United Negro and Allied Veterans of America

Veterans Against Discrimination of Civil Rights Congress of New York (see Civil Rights Congress)
Veterans of the Abraham Lincoln Brigade
Virginia League for People's Education (see Communist Political Association)
Voice of Freedom Committee

Walt Whitman School of Social Science, Newark, New Jersey
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Committee to Defend the Bill of Rights
Washington Commonwealth Federation
Washington Pension Union
Wisconsin Conference on Social Legislation
Workers Alliance (since April 1936)

Yiddisher Kultur Farband
Young Communist League
Yugoslav-American Cooperative Home, Inc.
Yugoslav Seamen's Club, Inc.

To the best of my knowledge and belief, I am not, nor have I been a member of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any organization listed above, or any organization outside the United States espousing Communist, Fascist, Totalitarian or Nazi causes, except as noted below.

To the best of my knowledge and belief, none of my close relatives are, nor have ever been members of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any such organizations, except as noted below.

For the purpose of this certification, if an applicant or employee is completing this form, the term "close relative" will include spouse, children, parents, brothers, sisters, uncles, and aunts. "Close relatives" of the spouse, for this purpose, will include children, parents, brothers, sisters, uncles, and aunts.

If there are exceptions to this certification, set forth below under Remarks all pertinent information concerning the nature and extent of your activities or those of your close relatives in such organizations, including the names of the organizations, dates of membership, meetings attended, titles of positions held, amounts and dates of contributions, nature of petitions signed falling within the meaning of the above certification and circumstances thereof, titles and authors of literature received, and dates on which received.

In exceptions concerning relatives, include only such information presently known to you or available from your own records.

If necessary, use additional sheets and sign each sheet. Write none if there are no exceptions.

- 4 -

Tab D

Applicant Information
Sheet No. 2

1. In accordance with its special national responsibilities, the Central Intelligence Agency is obliged to judge carefully the suitability of each person selected for employment in the Agency. To assist in this determination, an extensive investigation, which includes a polygraph interview is ^{DCI} ~~determina-~~ conducted with regard to the loyalty, background, and character of applicants under consideration for employment with the Agency. This investigation includes, but is not limited to, inquiries concerning:

- a. professional competence
- b. any behavior, activities or associations which tend to show that the individual is of questionable character, discretion, integrity or trustworthiness
- c. any deliberate misrepresentations, falsifications, or omission of material facts
- d. any criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct, habitual use of intoxicants to excess, drug addiction, or sexual perversion
- e. physical fitness
- f. an adjudication of insanity, serious mental illnesses, neurological disorders, or emotional instability
- g. any facts which furnish reason to believe that the individual may be subjected to coercion, influence, or pressure which may cause him to act contrary to the best interests of the national security
- h. commission of any act of sabotage, espionage, treason, or sedition, or attempts thereat or preparation therefor, or conspiring with, or aiding or abetting, another to commit or attempt to commit any act of sabotage, espionage, treason, or sedition
- i. establishing or continuing a sympathetic association with a saboteur, spy, traitor, seditionist, anarchist, or revolutionist,

(over)

BN 28

or with an espionage or other secret agent or representative of a foreign nation, or any representative of a foreign nation whose interests may be inimical to the interests of the United States, or with any person who advocates the use of force or violence to overthrow the government of the United States or the alteration of the form of government of the United States by unconstitutional means

- j. advocacy of use of force or violence to overthrow the government of the United States, or of the alteration of the form of government of the United States by unconstitutional means
- k. membership in, or affiliation or sympathetic association with, any foreign or domestic organization, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means
- l. intentional, unauthorized disclosure to any person of security information, or of other information, disclosure of which is prohibited by law, or willful violation or disregard of security regulations
- m. performing or attempting to perform his duties, or otherwise acting, so as to serve the interests of another government in preference to the interests of the United States

2. The Central Intelligence Agency's standards require strict interpretation of the above and other relevant factors in considering applicants for employment. In the event an applicant is in doubt as to whether anything in his background may disqualify him, he is at liberty to describe the matter in writing, place it in an envelope bearing only his name and marked "CONFIDENTIAL DISCLOSURE" and forward it with his application.

Table

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY. YOUR APPLICATION WILL NOT BE ACTED UPON UNTIL ALL QUESTIONS HAVE BEEN ANSWERED AND ALL DOCUMENTS RECEIVED.

1. Applicant Information Sheets No. 1 and No. 2

Read both Applicant Information Sheets. Sign and return one (1) copy of Sheet No. 1. You may retain Sheet No. 2 and the second copy of Sheet No. 1.

2. Personal History Statement

Type or print carefully. USE BLACK TYPEWRITER RIBBON OR BLACK INK. Complete and return only one copy. It must be signed and witnessed. The other copy may be used as a worksheet and retained for your own records.

3. Appendix 1 to the Personal History Statement

Read Appendix 1 carefully and return signed and witnessed. If you are married, Appendix 1 is also to be read by your spouse and signed and witnessed in the section provided.

4. Report of Medical History (optional Form 581)

a. This form is to be completed by you. You have the option, however, of:

1. Completing it now, enclosing in the envelope provided marked "Privileged Medical Information," sealing and submitting it with your other application papers; or
2. Completing it at the time of subsequent medical examination.

Completing the form now may mean a saving in processing time and thus be to your personal advantage, particularly if there is any question concerning physical qualifications that must be resolved. If you decide not to forward the form at this time, please advise.

b. If you desire to complete the form now, proceed as follows:

1. Answer all items
2. Each item checked in Sections 15, 16, & 17 requires explanation of the following points on the reverse side of the form:
 - a. Age when occurred
 - b. Exact diagnosis if known
 - c. Type of treatment
 - d. Name and address of physician who treated
 - e. Remaining defects
3. If you have ever been hospitalized for a psychiatric or emotional problem or if you have ever consulted a psychiatrist or psychologist for any reason other than vocational counseling, provide a complete and detailed report in your own words covering such hospitalization or consultation. Use the reverse side of the form. If additional space is needed, use a continuation sheet, sign it and attach to the form.
4. If you are presently under the care of a physician for other than a minor ailment, attach a statement from this physician describing the condition.

5. Photographs

Please furnish three (3) passport-size photographs (head and shoulders view 2 1/4" X 2 1/4" minimum size). On the back of each photograph, indicate date taken and print your name.

6. College Transcript

If you have not been instructed otherwise, please include one (1) copy of your college transcript (including graduate work, if appropriate). If you are enrolled in courses which do not appear on the transcript, please list these courses and attach the list to the transcript. If a transcript will be forwarded later, please indicate the approximate date.

BN30

SECRET

OMIT

Approved For Release 2005/07/13 : CIA-RDP72-00310R000200100003-2

MILITARY STATUS QUESTIONNAIRE

(READ INSTRUCTIONS ON REVERSE SIDE)

DO NOT WRITE IN SPACES BELOW

1. THIS DATE (Month-day-year)				1-6. SERIAL NUMBER			
2. NAME (Last-first-middle)				7-24. NAME			
3. DATE OF BIRTH (Month-year)		4. SEX		25-28. DOB		29. SEX	
		(1) MALE (2) FEMALE					
5. OFFICE TO WHICH ASSIGNED		6. SCHEDULE AND GRADE		30-31. OFFICE CODE		32-34. SCHD 35-36 GR.	
7. REGISTERED WITH CURRENT DRAFT		8. INDICATE DRAFT CLASSIFICATION, IF ANY		37. DRAFT STATUS		38-39. CLASS.	
YES NO							
VETERANS COMPLETE THE FOLLOWING							
9. BRANCH OF SERVICE ON SEPARATION (Check one)				10. MIL. GRADE ON SEPARATION		40. BRANCH SERVICE 41-42. MIL. GRADE	
(1) ARMY (2) NAVY (3) MARINE (4) AIR FORCE (5) COAST GUARD							
				10A. YRS/MOS OF ACTIVE SERVICE			
11. STATUS AT TIME OF SEPARATION (Check one)				43. STATUS AT SEPARATION			
(1) REGULAR (2) RESERVE (3) DRAFTEE (4) OTHER (Specify in comments)							
12. TYPE OF SEPARATION (Check one)				44. TYPE OF SEPARATION (A-less than 8 yrs; B-8 yrs or more)			
PLEASE NOTE ALTHOUGH YOU MAY HAVE A SERVICE CONNECTED DISABILITY, DO NOT CHECK THE BOX "RETIRED-SERVICE CONNECTED DISABILITY" UNLESS YOU WERE ACTUALLY RETIRED FOR THIS REASON. IF OTHERWISE, CHECK "HONORABLE DISCHARGE" OR "RELEASED TO INACTIVE DUTY" AS APPROPRIATE, EVEN THOUGH YOU MAY BE DRAWING A DISABILITY ALLOWANCE OR COMPENSATION.							
(1) RELEASED TO INACTIVE DUTY (2) HONORABLE DISCHARGE (3) RETIRED-20 (or more) YRS. SERVICE (4) RETIRED-LESS THAN 20 YRS. SERVICE				(5) RETIRED-AGE (6) RETIRED-SERVICE CONNECTED DISABILITY (7) RETIRED-COMBAT DISABILITY (8) OTHER-SPECIFY UNDER COMMENTS			
MEMBERS OF RESERVE FORCES COMPLETE THE FOLLOWING							
13. RESERVE BRANCH OR SERVICE		14. ORIGINAL ENTRY DATE IN ARMED SERVICES		45. BRANCH SERVICE		46-49. ENTRY DATE	
15. SERVICE SER. NO.		15A. SOC. SEC. NO.		50-59. SERV. SER. NO.		60-64. MOS, AFSC, ETC.	
16. MOS, AFSC, DESIGNATOR, OR RATING							
17. MIL. GRADE		18. RESERVE CATEGORY (Check one)		65-66. MIL. GRADE		67. CATEGORY	
		(1) READY (2) STANDBY (3) RETIRED					
19. EXPIRATION DATE OF APPOINTMENT OR ENLISTMENT (Month and year)				68-71. EXPIRATION DATE			
20. MIL. MOBILIZATION ASSIGNMENT				72. MOBILIZATION ASSIGNMENT			
21. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED				73. ASSIGNMENT UNIT			
				74. MOBILIZATION CATEGORY			
22. COMMENTS							

Approved For Release 2005/07/13 : CIA-RDP72-00310R000200100003-2

SECRET

SECRET

Approved For Release 2005/07/13 : CIA-RDP72-00310R000200100003-2

INSTRUCTIONS

ITEMS 9-12 COMPLETE ITEMS 9 THROUGH 12 IF YOU HAVE PERFORMED DUTY IN ANY U.S. ARMED SERVICES OR ANY FOREIGN MILITARY ORGANIZATION.

ITEM 10-10A MILITARY GRADE UPON SEPARATION - INDICATE MILITARY GRADE HELD WHEN RELEASED FROM MILITARY SERVICE. IN CASES OF INDIVIDUALS CURRENTLY IN THE MILITARY RESERVE, THE GRADE MAY BE LOWER THAN THEIR CURRENT MILITARY RESERVE GRADE; ALSO NUMBER OF YEARS AND MONTHS OF ACTIVE DUTY.

ITEMS 13-21 COMPLETE ITEMS 13 THROUGH 21 IF YOU ARE CURRENTLY A MEMBER OF A MILITARY RESERVE FORCE. A MILITARY RESERVIST IS ANY PERSON APPOINTED OR ENLISTED AS A RESERVE OF THE ARMED FORCES OF THE UNITED STATES, OR ANY SUCH PERSON WHO ACQUIRES SUCH STATUS BY TRANSFER PURSUANT TO LAW TO THE NATIONAL GUARD OF THE UNITED STATES, THE ARMY RESERVE, THE NAVY RESERVE, THE MARINE CORPS RESERVE, THE AIR FORCE RESERVE, THE AIR NATIONAL GUARD OF THE U.S., OR THE COAST GUARD RESERVE.

ITEM 13 BRANCH OF SERVICE - ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, NATIONAL GUARD OR AIR NATIONAL GUARD.

ITEM 16 MILITARY OCCUPATIONAL SPECIALTY -

- A. ARMY AND NATIONAL GUARD, ENTER YOUR MOS
- B. AIR FORCE AND AIR NATIONAL GUARD, ENTER YOUR AFSC
- C. MARINE CORPS, ENTER YOUR MOS
- D. NAVY AND COAST GUARD:
 - (1) OFFICERS, ENTER YOUR DESIGNATOR
 - (2) ENLISTED, ENTER YOUR RATING

(IF YOUR SPECIALTY NUMBER IS UNKNOWN, ENTER THE TITLE OF YOUR MILITARY SPECIALTY)

ITEM 18 RESERVE CATEGORY - INDICATE WHETHER YOU ARE IN THE READY RESERVE, STANDBY RESERVE, OR RETIRED RESERVE.

- A. THE READY RESERVE CONSISTS OF THOSE UNITS OR MEMBERS OF THE RESERVE COMPONENTS, OR BOTH, WHO ARE LIABLE FOR ACTIVE DUTY EITHER IN TIME OF WAR, IN TIME OF NATIONAL EMERGENCY DECLARED BY THE CONGRESS, OR PROCLAIMED BY THE PRESIDENT, OR WHEN OTHERWISE AUTHORIZED BY LAW. YOU ARE A READY RESERVIST UNLESS YOU HAVE RETIRED, OR HAVE VOLUNTARILY BEEN TRANSFERRED TO THE STANDBY RESERVE, OR HAD YOUR NAME OFFICIALLY PLACED ON THE INACTIVE STATUS LIST BY COMPETENT AUTHORITY.
- B. THE STANDBY RESERVE CONSISTS OF THOSE UNITS OR MEMBERS OF THE RESERVE COMPONENTS (*other than members of the retired reserve*), OR BOTH, WHO ARE LIABLE FOR ACTIVE DUTY ONLY IN TIME OF WAR OR NATIONAL EMERGENCY DECLARED BY THE CONGRESS, OR WHEN OTHERWISE AUTHORIZED BY LAW. THE STANDBY RESERVE INCLUDES THE INACTIVE STATUS LIST.
- C. THE RETIRED RESERVE CONSISTS OF THOSE MEMBERS OF THE RESERVE COMPONENTS WHOSE NAMES ARE PLACED ON RESERVE RETIRED LISTS ESTABLISHED IN ACCORDANCE WITH REGULATIONS PRESCRIBED BY THE APPROPRIATE SECRETARY.

ITEM 19 EXPIRATION DATE OF APPOINTMENT OR ENLISTMENT -

- A. ENLISTED PERSONNEL ENTER DATE WHEN CURRENT ENLISTMENT EXPIRES OR WHEN PRESENT RESERVE OBLIGATION ENDS, WHICHEVER IS LATER.
- B. OFFICERS WHO ARE SERVING UNDER OTHER THAN AN INDEFINITE APPOINTMENT, ENTER TERMINATION DATE OF CURRENT APPOINTMENT.

ITEM 20 MILITARY MOBILIZATION ASSIGNMENT - IF YOU HAVE BEEN GIVEN A MOBILIZATION ASSIGNMENT BY COMPETENT MILITARY AUTHORITY, ENTER THE NAME OF THE OFFICE AND/OR AGENCY TO WHICH YOU WOULD BE ORDERED IN THE EVENT OF MOBILIZATION. IF YOU HAVE NOT BEEN OFFICIALLY NOTIFIED BY COMPETENT MILITARY AUTHORITY THAT YOU HAVE A SPECIFIC MOBILIZATION ASSIGNMENT, LEAVE BLANK.

ITEM 21 IF YOU ARE NOT ASSIGNED OR ATTACHED TO A UNIT ENTER HERE THE COMMAND MAINTAINING YOUR OFFICIAL PERSONNEL RECORDS.

BN32

Approved For Release 2005/07/13 : CIA-RDP72-00310R000200100003-2

TRANSMITTAL SLIP		DATE 15 JUL 1970
TO	OGC	
ROOM NO. 7 D 07	BUILDING Hqs.	
REMARKS:		
<p>Here are the items I mentioned last week when we met on the Ervin Bill. For your info and consideration.</p>		
<div style="border: 1px solid black; height: 40px; width: 200px; margin: 10px auto;"></div>		
FROM: DD/Pers/R&P		
ROOM NO. 5 E 67	BUILDING Hqs.	(47)
FORM NO. 241 1 FEB 53		REPLACES FORM 36-8 WHICH MAY BE USED.

25X1

25X1

25X1

BN1